

United States Senate

WASHINGTON, DC 20510-4502

Privacy Release Form

The Privacy Act of 1974 requires written consent before information can be released from a government agency's records. To better serve you, please complete this form entirely and return it to my office.

☐ Mr.
Full Name ☐ Mrs. _____ **Home Phone** _____
☐ Ms.

Address _____ **Cell Phone** _____

City _____ **Zip Code** _____ **Work Phone** _____

Email Address _____ **Date of Birth** _____

Please provide any of these numbers if they apply to your case:

Social Security # _____ **A # (for immigration cases)** _____

Military Service # _____ **Case or claim #** _____

Have you contacted any other Senate or Congressional office about this issue?

☐ Yes ☐ No If yes, who have you contacted? _____

Comments (optional):

I freely and willingly authorize any governmental agency or agencies to disclose information and/or documents from their records about my case or claim to Senator Patrick Leahy and his staff. I understand that I may revoke this authorization at any time.

Signature _____ **Date** _____

Please mail this signed and dated form to:

U.S. Senator Patrick Leahy
437 Russell Senate Office Building
Washington, DC 20510

Or return by FAX to:

U.S. Senator Patrick Leahy
(802) 658-1009